L1400137102

(Re	questor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Se Division of Cor	
et in ie		PERFORMANCE MARINE SUPPLY LLC
SUBJE	CI:	Name of Limited Liability Company
The enc	losed Articles of .	Amendment and fee(s) are submitted for filing.
Please r	eturn all correspo	ndence concerning this matter to the following:
		BELEN PEREZ
SUBJECT: The enclosed Please return For further in BELEN PER		Name of Person
		P & P ACCOUNTING SERVICES
		Firm/Company
		13301 SW 88 TERRACE #G
		Address
		MIAMI, FL 33186
		City/State and Zip Code
		belen@p-and-p-accounting.com
		E-mail address: (to be used for future annual report notification)
For furth	ner information co	oncerning this matter, please call:
BELEN	PEREZ	305 408-0619 at()
	Name of	Person Area Code Daytime Telephone Number
Enclosed	d is a check for th	e following amount:
\$25.	00 Filing Fee HAVE \$35	■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & CREDIT FROM PREVIOUS FILING (additional copy is enclosed) CREDIT FROM PREVIOUS FILING (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 28, 2015

BELEN PEREZ 13301 SW 88 TERRACE #G MIAMI, FL 33186

SUBJECT: SAILING PERFORMANCE MARINE SUPPLY LLC Ref. Number: L14000137102

We have received your document for SAILING PERFORMANCE MARINE SUPPLY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 815A00018286

To: \Fax:]+1 (850) 245-603

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TO ARTICLES OF ORGANIZATION

CALLING	PERFORMA	NCF MARINE	STIPPLY LTC

(Name of the Limited Liability Con (A Fiorida Limit	opany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number	ny were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3390 Mary Street, Suite 116
(Principal office address MUST BE A STREET ADDRESS)	Coconut Grove, FL 33133
Enter new mailing address, if applicable:	هـ ، ﴿
(Mailing address MAY BE A POST OFFICE BOX)	S
a la la la la companya de la company	() 32 CO
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have a Name of New Registered Agent:	
3390 Mary S	Street, Suite 116
New Registered Office Address:	Enter Florida street address
Coconut Gro	ove , Florida 33133
	City Zip Code
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

From:	Role	n Perez	
TOITI.		I PETEZ	

Fax: (305) 408-1720

,To:

Fax: +1 (850) 245-6030

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or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SEBASTIAN SMOLAR	3390 Mary Street, Suite 116	□ Add
		Coconut Grove, FL 33133	□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Remove
			Change
			Recogve
			Change
			Add
			☐ Remove
			☐ Change
			☐ Remove
			Change

COVER LETTER

TO:					
STID IE		PERFORMANCE MARINE S	UPPLY LLC		
SUBJE	C1:	Name of Lin	ited Liability Company		
The end	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspo	ondence concerning this matter	to the following:		
		BELEN PEREZ			
			Name of Person		
		P & P ACCOUNTING SE	RVICES		
			Firm/Company		
		13301 SW 88 TERRACE	#G		314 B
Division of Corporations SAILING PERFORMANCE MARINE SUPPLY LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: BELEN PEREZ Name of Person P & P ACCOUNTING SERVICES Firm/Company	語智				
		MIAMI, FL33186			漫台出
		belen@p-and-p-accounting	= = = = = = = = = = = = = = = = = = = =		RECEIVE SEP-8 MILL: 15
		E-mail address: (to be used for future annual report notifi	cation)	34 5
For furt	her information c	oncerning this matter, please c	all:		
BELEN	PEREZ				
	Name o	f Person		Telephone Number	
Enclose	d is a check for th	ne following amount:			
□ \$25.	00 Filing Fee		Certified Copy	Certificate Certified (of Status & Copy
	MAILI	ING ADDRESS:	STREET/COURIE	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

SAILING PERFORMANCE MAR	INE SUPPLY LLC				
(Name of the Limit	ed Llability Compa (A Florida Limited I	ny as It now appears on our rec liability Company)	ords.)		
The Articles of Organization for this Limited Li Florida document number L14000137102	ability Company	were filed on	and assigned		
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liab	llity company here:			
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designation "I	LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if application	able:	3390 Mary Street, Suite 11	5		
(Principal office address MUST BE A STREE	T ADDRESS)	Coconut Grove, FL 33133			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE)	BOX)		<u> </u>		
B. If amending the registered agent and/ registered agent and/or the new registered of			rds, enter the name of the new		
Name of New Registered Agent:			<u> </u>		
New Registered Office Address:	3390 Mary Stre	<u> </u>	-		
		Enter Florida street ada	lress		

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Ciry

Coconut Grove

If Changing Registered Agent, Signature of New Registered Agent

Florida

_	_	
From:	Belen	Paraz

Fax: (305) 408-1720

, To:

Fax: \$1 (850) 245-6030

Page 5 of 6 09/08/2015 9:58 AM

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SEBASTIAN SMOLAR	3390 Mary Street, Suite 116	Add
		Coconut Grove, FL 33133	☐ Remove
			■ Change
			Remove
			□ Change
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(If an effection Note: If t	we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) he date inserted in this block does not meet the applicable statutory filing requirements, this date w's effective date on the Department of State's records.	Pulishant to	ຜາ ໝາ້.020 listed a	7 (3)(s the
the record the 90	d specifies a delayed effective date, but not an effective time, at $12:01\ \acute{a}.m.$ of th day after the record is filed.	n the ea	ırlier d	f:
n / 1				
Dated	· · · · · · · · · · · · · · · · · · ·			
	Signature of a member or authorized representative of a member		-	
	SEBASTIAN SMOLAR			
	Typed or printed name of signee		_	

Page 3 of 3

Filing Fee: \$25.00